



IDAHO DEPARTMENT OF HEALTH & WELFARE

MIREN M. UNSWORTH – Administrator
DIVISION OF FAMILY AND COMMUNITY SERVICES
Cameron Gilliland – Deputy Division Administrator
DEVELOPMENTAL DISABILITIES
Blake D. Brumfield – Program Manager
450 W State St 5th Floor.
Boise, ID 83720
PHONE: 208-334-4910
FAX: 208-332-7331
EMAIL blake.brumfield@dhw.idaho.gov

This form is a request and consent for the Developmental Disabilities Crisis Prevention and Court Services Team (CPCS) to consult on the following person

_____.

The DD CPCS Team provides information, training, court evaluations and clinical consultation to assist families and support providers with prevention strategies to maintain people with developmental disabilities in their homes and communities.

I agree to have the CPCS Team consult and make recommendations based on a review of available information. The CPCS Team will assist the support team of the individual named above and make treatment & support recommendations. CPCS is not a substitute for other professional services needed by a participant such as medical, psychological and/or residential support services.

The CPCS Team is not part of a regulatory licensing or certification process in its consultation activity. Providers of services must comply with the specific requirements, rules, and regulations for the services they provide consistent with their respective provider agreements or contracts with the State of Idaho.

Participation with the CPCS is completely voluntary and once started can be terminated in writing at any time without prejudice, unless dictated by court order.

Any recommendations made by the CPCS Team on behalf of a participant are recommendations only, unless dictated by court order. Adoption of any such recommendations must be made within the framework of existing regulations incumbent on the provider. Implementation of specific strategies must comply with all existing regulations. The CPCS does not encourage restrictive measures and promotes a strengths-based approach to problem resolution.

The CPCS Team does not provide crisis intervention or response that is the responsibility of the care provider.

I understand that my signature on this form is not required for treatment, payment, enrollment, or eligibility for benefits, and that a copy of this authorization shall be as valid as the original.

Participant/Guardian Signature _____
CPCS 1/7/19

Date _____

